Talipes equinovarus (clubfoot): neglected for 47 years and subsequent treatment

Garry Shtofmakher,1 Roger Lee Kilfoil Jr,1 Adam Rozenstrauch,1 Thomas Vitale2

1New York College of Podiatric Medicine, New York, New York, USA
2Department of Surgery, New York College of Podiatric Medicine, New York, New York, USA

Correspondence to Garry Shtofmakher, gshtofmakher@nycpm.edu

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DESCRIPTION

A 47-year-old white woman presented to the podiatry clinic with congenital bilateral residual talipes equinovarus (TEV). The condition progressively worsened as her job requires her to stand for extended periods of time. The patient states that she has increased symptoms of pain in her hallux of the right foot as well as generalised foot pain bilaterally. The patient recalls having corrective surgery as a child. She was offered further surgical correction during adulthood but declined. The patient takes no medication and has no systemic conditions. There is no family history of TEV. The patient admits to being born prematurely. Vascular and neurological examinations were unremarkable. Clinical observation (video 1), radiographs (figures 1 and 2), plantar pressure analysis (F-Scan; video 2) and a gait examination (video 3) were performed. Significant findings were residual TEV bilaterally, a dorsal bunion and rigidly contracted hallux on the right. Orthopaedics dispensed bilateral accommodative shoe inserts made from 1/4” white plastazote and 1/16” pink plastazote and bilateral below-inlay heel lifts made from 1/4” felt were provided to the patient. The patient relayed immediate improvement of symptoms on ambulation. The patient was further informed that controlling the first ray will be difficult, and eventual surgical intervention may be needed.

TEV occurs in approximately 1/1000 live-births, with bilateral deformities in approximately 50%. Failure of treatment is the main aetiology of residual TEV. Recognition of the residual adult TEV deformity requires the presence of fixed cavus, adductus, varus and equines. A dorsal bunion is caused by an imbalance between tibialis anterior and peroneus longus, and is often iatrogenically induced due to overcorrection. Examination consists of a thorough musculoskeletal, radiographic and gait examination. Non-surgical approaches have been
described for adult TEV. Surgical approaches utilise the specific deformities to select the procedure of choice. Both the approaches aim to achieve a plantar-grade foot. Negative sequelae of adult TEV can be avoided with early intervention.

**Learning points**

- The consequences of untreated talipes equinovarus (TEV) can lead to adaptive and degenerative changes in the structure of the foot.
- There are surgical and non-surgical options available for the treatment of residual adult TEV.
- Recognition of this deformity coupled with serial manipulations, casting and bracing in the first years of life can prevent residual adult TEV. However, an iatrogenically induced dorsal bunion can lead to symptoms later in life.

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**Patient consent**

Obtained.

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**REFERENCES**
